ADCC Name: Mililani Hale

Community Ties of America 45-955 Kamehameha Highway, Suite 300 Kaneohe, HI 96744

Compliance Manager Name: Deborah Baumgart LPN

Address: 95-257 Kaloapau Street

Mililani, HI 96789

## Adult Day Care Center (ADCC) RECERTIFICATION Deficiency Report

| Figure 2014   |                             |   |                                    |  |  |
|---------------|-----------------------------|---|------------------------------------|--|--|
| 7/29/2021     |                             | Date Corrective Action Plan is Due:     |                                    |  |  |
| Check<br>Item | H.A.R. 17-1424<br>Chapter # | Chapter Heading                         | Rule # and Non-Compliance findings |  |  |
| ок            | 3                           | Application for Certificate of Approval |                                    |  |  |
| ок            | 11                          | Administration                          |                                    |  |  |
| OK            | 12                          | Personnel and Staffing                  |                                    |  |  |
| OK            | 13                          | Admissions                              |                                    |  |  |
| ОК            | 14                          | Participant Fees                        |                                    |  |  |
| ОК            | 15                          | Transportation                          |                                    |  |  |
| ОК            | 16                          | Services for Center Participants        |                                    |  |  |
| ОК            | 17                          | Physical Location                       |                                    |  |  |
| ОК            | 18                          | Fire Protection                         |                                    |  |  |
| ОК            | 19                          | Other Disasters and Evacuations         |                                    |  |  |

The CTA Compliance Manager has reviewed the above items with me and has provided me with a copy of this form. It is my responsibility to correct all items listed above and provide a written plan of correction to CTA within the timeframe stated above.

| If this box is chec         | ked then I understand that I met all requirements and no corrective acti | on is required |
|-----------------------------|--|----------------|
| PRINT NAME:                 | Lengtrus White   |                |
| SIGNATURE:                  | 1//  | Date: 7/24/2/  |
| Compliance Manger Signature | The Man  | Date: 7/29/21  |